

10/99

FORM PTO-1449
(REV. 7-85)

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
4-20624/A/PCT
APPLICATION NO.
09/051,827
APPLICANT
ZIMMERMANN ET AL.
35 USC 371 DATE
MAY 1, 1998

Group

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AB	AA	4,853,386	8/1/89	Friebe et al	514	266	
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AB	AM	212 535	3/4/87	Europe			<input type="checkbox"/>	<input type="checkbox"/>
AB	AN	WO 90/09178	8/23/90	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AB	AO	WO 97/20842	6/12/97	PCT (incl.Eng.abstracts)			<input type="checkbox"/>	<input type="checkbox"/>
AB	AP	WO 98/16528	4/23/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AB	AQ	WO 98/05335	2/12/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AB	AR	Bioorganic & Med. Chem. Letters, Vol. 7, No. 21, pgs. 2697-2702 (1997).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

3-27-00

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
<i>MB</i>	AA	WO 97 35539	10/2/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
<i>MB</i>	AB	773 023 A1	5/14/97	Europe			<input type="checkbox"/>	<input type="checkbox"/>
<i>MB</i>	AC	WO 98 07725	2/26/98	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AD						<input type="checkbox"/>	<input type="checkbox"/>
	AE						<input type="checkbox"/>	<input type="checkbox"/>
	AF						<input type="checkbox"/>	<input type="checkbox"/>
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	AK						<input type="checkbox"/>	<input type="checkbox"/>
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	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>
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	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
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	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

M. M. B.

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